

BLOOD AND BLOOD SERVICES BID SCHEDULE

ESTIMATED AMOUNTS – FOR IDIQ REQUIREMENTS CONTRACT

| CORE PRODUCTS | | | |
|--|---------|--------------|-------|
| Product | Est qty | Per per each | Total |
| Leukoreduced Red Blood Cells (Prestorage) | 3000 | | |
| Autologous Red Blood Cells (Prestorage Leukoreduced) | 2 | | |
| Autologous Red Blood Cells – Collected by Apheresis (2 unit Prestorage Leukoreduced) | 1 | | |
| Cryoprecipitate – Whole Blood Derived (from 200 mL plasma) | | | |
| Pooled Cryoprecipitate – (5) Whole Blood Derived | 80 | | |
| Pooled Cryoprecipitate – (10) Whole Blood Derived | 1 | | |
| White Blood Cells – Collected by Apheresis | 1 | | |
| Leukoreduced Platelets – Collected by Apheresis (Full Dose > or = 3.0 x 10 ¹¹) | 700 | | |
| Leukoreduced Platelets – Collected by Apheresis (Partial Dose – 1.5 to 2.9 x10 ¹¹) | 25 | | |
| AFFP (250 +/- 25 mL) x 2 Apheresis Derived | 1 | | |
| AFFP (250 +/-25 mL) x 1 Apheresis Derived | 1 | | |
| AFFP (100 +/- 10 mL) x1 Apheresis Derived | 1 | | |
| FFP-WBD 1 x 250 mL (250 +/- 25 mL) Whole Blood Derived | 1 | | |
| FP-24(Frozen <24 hrs) WBD 1 x 250 mL (250 +/-2 25 mL) Whole Blood Derived | 1200 | | |
| Cryo Poor Plasma 1 x 250 mL (250 +/-0 25 mL) Whole Blood Derived | 100 | | |
| BLOOD PRODUCT FEES | | | |
| Red Blood Cells – Washing Fee | 1 | | |
| Red Blood Cells – Freezing and Deglycerolization Fee (Allogeneic & Autologous) | 1 | | |
| CMV Negative Blood Product | 10 | | |
| Volume Reduction Fee | 1 | | |
| Platelet Washing Fee (plus plasma) | 1 | | |
| Platelet Washing Fee (plus plasma-lyte A) | 1 | | |
| Hematocrit Adjustment | 1 | | |
| STAT Component Modification Fee | 1 | | |
| Plasma Thawing – Per Product | 75 | | |
| Medically Directed Donor Processing Fee | 1 | | |
| Irradiation Procedure Fee | 250 | | |
| Autologous Donor Handling Fee | 2 | | |
| MEDICAL PROCEDURES | | | |
| Therapeutic Cytapheresis | 1 | | |
| Therapeutic Plasma Exchange | 50 | | |
| Therapeutic Procedure – Service Fee Wait Time (per hour) | 4 | | |
| Therapeutic Procedure Call Out Fee (Nights & Weekends) (Same day procedures ordered after 2:00 p.m.) | 30 | | |

| | | | |
|---|----|--|--|
| Red Blood Cell Exchange | 1 | | |
| Red Blood Cell Depletion | 1 | | |
| Photopheresis | 4 | | |
| UVADEX (Methoxsalen) Sterile Solution, 20 mcg/mL | 1 | | |
| Peripheral Blood Progenitor Cells – Collected by Apheresis | 1 | | |
| Blood Warmer Usage | 50 | | |
| Component Administration Fee (per Unit) | 50 | | |
| Cancelled Procedures – Plasma Exchange Disposable Software Recovery Fee | 1 | | |
| Cancelled Procedures – Photopheresis Disposable Software Recovery Fee | 1 | | |
| STAT Equipment Relocation Fee | 1 | | |
| Equipment Relocation Fee | 1 | | |
| Cancellation of Procedure (after staff arrives at facility) | 1 | | |
| CD 34 Enumeration | 1 | | |
| Progenitor Cells Processing and Storage Cryopreservation, Storage in LN2, Bacteriological Cultures, CBC, CD34 counts, Delivery and Thawing | 1 | | |
| | | | |
| STAT Test Charge (per test) Processing Laboratory. Number of tests completed x fee | 1 | | |
| Donor Prescreen | 1 | | |
| ABO-Rh | 1 | | |
| Direct Antiglobulin Test (Coombs Test) – Comprehensive (Poly, IgG, C3) | 5 | | |
| Direct Antiglobulin Test (Coombs Test) – single | 1 | | |
| Antibody Screen | 12 | | |
| Antibody Identification (includes ABO/Rh, Antibody screen , complete red cell antigen phenotype, comprehensive DAT, red cell panel, written consultation report, medical consultation as needed). | 12 | | |
| Cold Agglutinin Low Temperature Screen (22C, 18C, 4C) | 1 | | |
| Antibody Elution and Red Cell Panel | 6 | | |
| Antibody Absorption and Red Cell Panel | 6 | | |
| Additional Red Cell Antibody Panel | 12 | | |
| Antibody Titer (per antibody) | 2 | | |
| Antibody Titer and Red Cell Panel | 6 | | |
| After-Hours Tech Call Fee: Surcharge per patient request | 6 | | |
| C Antigen Type | 6 | | |
| E Antigen Type | 6 | | |
| c Antigen Type | 6 | | |
| E Antigen Type | 6 | | |
| Cw Antigen Type | 6 | | |
| M Antigen Type | 6 | | |
| N Antigen Type | 6 | | |
| S Antigen Type | 6 | | |
| s Antigen Type | 6 | | |
| K Antigen Type | 6 | | |
| k Antigen Type | 6 | | |

| | | | |
|---|----|--|--|
| Fya Antigen Type | 6 | | |
| Fyb Antigen Type | 6 | | |
| JkA Antigen type | 4 | | |
| JkB Antigen type | 4 | | |
| Lea Antigen Type | 4 | | |
| Leb Antigen Type | 4 | | |
| P1 Antigen Type | 2 | | |
| A1 Type – Lectin A2 Type | 1 | | |
| Partial D Weak D testing | 0 | | |
| Rare Antisera – Ag Types require rare antisera | 1 | | |
| Compatibility Test (Allogeneic) per unit – Immediate Spin | 2 | | |
| Autologous Compatibility (ABO/Rh per unit) | 2 | | |
| Compatibility Test (Allogeneic) per Unit – Full Crossmatch (AHG) | 2 | | |
| Pretreatment of Serum (eg. DTT, Rest, Plasma Neutralization, Urine inhibition, Lewis Neutralization, P1 Neutralization) | 1 | | |
| Pretreatment of RBCs (eg. DTT, CDP, EGA, Ficin, Density Gradient Separation, Neocytes) | 1 | | |
| Fetal Hemoglobin Stain (Kleihauer-Betke) | 1 | | |
| Fetal Hemoglobin Stain (rosette test) | 1 | | |
| Complete Red Blood Cells Phenotype | 4 | | |
| RBC Phenotype by Molecular Testing | 4 | | |
| Extraction of DNA for Red Cell Phenotype by Molecular Testing | 1 | | |
| Blood Component Preparation for each order to cover the preparation of the blood component for transport and transfusion | 1 | | |
| Sample Resubmission Fee charged when a facility collects an improperly labeled sample for compatibility testing and requests another sample be picked up STAT from the facility | 1 | | |
| Cancellation Fee charged when an order is cancelled once a driver is dispatched | 1 | | |
| Antigen Negative Multi-Unit Request (greater than 10 units screened for a specific set of antigens. Add additional fee per unit. | 1 | | |
| Platelet Antibody Screen – Indirect | 2 | | |
| Platelet Antibody Screen – Direct | 2 | | |
| Platelet Antibodies – Crossmatch (per strip) | 2 | | |
| Technologist Written Consultation Report | 6 | | |
| Medical Written Consultation Report – Serological Problem | 6 | | |
| DISPOSABLE | | | |
| Y-Type Blood/Solution Set | 25 | | |
| Blood Component Recip Set | 25 | | |
| 0.9% NaCl, 500 mL | 25 | | |
| TOTAL | | | |